

CITY OF LINCOLN LANCASTER COUNTY AND PUBLIC BUILDING COMMISSION

ATTACHMENT 1

**UNIT PRICE QUOTATION
MOVING SERVICES, Quote 4639**

Date: _____

TO DEPARTMENT/AGENCY REPRESENTATIVE:

FROM (CONTRACTOR): Office Interiors & Design, Inc.

PROJECT NUMBER:

PROJECT DESCRIPTION:

When making a quotation please breakdown the Total Cost into the following categories: Labor, Materials, Equipment, Overhead and Subcontractors Costs. Fill in the following Tables in the areas as shown. If an item does not apply, please do not make an entry in that column.

TIME OF COMPLETION

Estimated Start Date	
Number of Days to Complete	

LABOR COST TABLE

CONTRACTOR	RATE	NO. HOURS	TOTAL \$ AMOUNT
Supervisor	\$45.00 Per Hour		
Truck Driver	\$40.00 Per Hour		
Laborer	\$40.00 Per Hour		
Mileage	\$1.00 Per Mile*		
Other			
TOTAL LABOR			

*Per Mile charge is from pickup to delivery location.

EQUIPMENT AND MATERIAL COSTS

ITEM	COST	% of Markup	TOTAL \$ AMOUNT
Total Equipment Costs	N/A		
Total Materials Cost	N/A		
Total Shipping Cost	N/A		

SUBCONTRACTORS COSTS

SUB-CONTRACTOR (NAME)	COST	% of Markup	TOTAL \$ AMOUNT
Sub No. 1	N/A		
Sub No. 2	N/A		
Sub No. 3	N/A		
Sub No. 4	N/A		
Sub No. 5	N/A		

TOTAL PRICE (NOT TO EXCEED)

\$ _____

Pricing for projects under this contract shall not exceed \$5,000.00

FIRM:

BY:

ADDRESS:

Change Order #: _____

Accepted: _____

Not Accepted: _____

PHONE

APPROVED BY:

Department/Agency Representative

DATE: